



Office use only

Request no. .... / .....  
Officer .....  
Date ..... / ..... / .....

### REQUEST FORM FOR EXAMINATION RESCHEDULING

Written at .....  
Date: .....

Subject: **Request for examination rescheduling** in  subject(s) offered by Faculty of Science  
 subject(s) offered by another faculty

**Dear Dean of Faculty of Science (via Deputy Dean for Education & Student Development)**

No. of Enclosure(s) .....  Medical Certificate issued at ..... No. of Medical Certificate .....  
Date of examination: ... / ... / ..... Examining Physician name .....  
 Others (please specify) .....

I, (Mr./ Miss/ Mrs.) ..... am an undergraduate student at Faculty of Science, Mahidol University.  
Year: ..... Major: ..... Student I.D.

Academic advisor's name: .....

No. of credits enrolled for semester ..... / 20 ..... = ..... credits

Cumulative GPA: .....  The cumulative GPAs have not been reported.

Course information:

Mid-term exam  Final exam  First semester  Second semester  Summer session in the academic year .....

I require examination accommodation for the following:

**Student's contact information:**

Mobile phone no.: .....

E-mail: .....

Subject code	Subject title	Date of examination
SC _____		..... / ..... / .....
SC _____		..... / ..... / .....

Subject code	Subject title	Date of missed examination
SC _____		..... / ..... / .....
SC _____		..... / ..... / .....

**Reason for the rescheduled request:** .....

..... (Requester's signature)

(.....) (Requester)

Date ..... / ..... / .....

#### PROCESS FLOW

**(1)**  Academic advisor/  Director of the International B.Sc. Program in .....

I, (Lect./ Asst. Prof./ Assoc. Prof./ Prof.) .....

am  an academic advisor /  a Head of the International B.Sc. Program.

I confirm that the information given in this request form is true and accurate.

( Academic advisor/  Director of the International B.Sc. Program)

Date ..... / ..... / .....

**(2) (Officer)** Request form reviewed and checked by the officer

Document(s) enclosed  No document(s) enclosed

Request submitted before the examination

Request submitted no later than 3 working days after the examination

Request submitted more than 3 working days after the examination

(.....)

Date ..... / ..... / .....

In case of MUSC student requesting for an examination rescheduling from other faculty's classes/ institutes, the officer must make a notification with enclosure(s) to Course Coordinator/ Instructor.

**Remark:** According to Faculty of Science Mahidol University's regulation on the examination of Undergraduate Education B.E. 2553 (2010 A.D.) (Item 8), student who fails to take any examinations without good cause. His/ her examination scores are subject to a zero score. In case, where the student is unable to take the examination due to unpreventable circumstances, student must submit a request for examination rescheduling before the examination or no later than 3 working days after the examination to Division of Educational Affairs, Faculty of Science. Student's obtained scores are deducted by 30%. The rescheduling the examination without any penalty deductions shall be done with approval of the Committee, which is composed of at least 3 committee members, including an administration staff of Division of Educational Affairs and instructors of those subjects.

**(3) Dear Head of Department/ School of** .....

For your perusal and actions.

Please send outcome of the consideration to Division of Educational Affairs no later than (date)..... / ..... / .....

(.....)  
(.....)

Deputy Dean for Education and Student Development  
Date .....

**(4) Dear Deputy Dean for Education & Student Development**

Absent from examination without good cause.

Thereby, the **examination score is** subject to a zero.

Permit student to reschedule the examination by **30% penalty deductions of obtained scores**

Permit student to reschedule the examination **without any penalty deductions**, according to approval of the following

Committee appointed by Department: 1. ....

2. ....

(Head of Department/ School of .....

Date .....

**Remark:**  Exam to be rescheduled on ..... / ..... / ..... (date)

at ..... (time and place)

Student must contact .....

**(5) Comments from Deputy Dean for Education & Student Development**

Absent from examination without good cause.

Thereby, the **examination score is** subject to a zero score.

Permit student to reschedule the examination by **30% penalty deductions of obtained scores**

Permit student to reschedule the examination **without any penalty deductions**

(.....)

(.....)

Deputy Dean for Education and Student Development

Date .....

**(6) Notify student of the outcome of consideration by phone or**

..... dated on ..... / ..... / ..... Time .....

Signature .....